Health Quality Ontario Annual Report

2014-2015

Ontario

Health Quality Ontario

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Message from Health Quality Ontario's Board Chair & President & Chief Executive Officer

On behalf of Health Quality Ontario (HQO), we are proud to present HQO's 2014-15 Annual Report. This report provides a snapshot of our activities during the 2014-15 fiscal year.

As the provincial advisor on the quality of health care in Ontario, HQO has a complex and multi-faceted mandate. We are responsible for developing evidence and standards, fostering quality improvement, and monitoring and reporting on the health system's performance. To support the achievement of this important work, HQO engages with patients and the public. In all we do, our ability to succeed is tied directly to the strength of the relationships we forge across all of Ontario's health sectors. Strong and mutually beneficial relationships, coupled with the talents and abilities of our dedicated staff, have positioned HQO to help meet many of the current challenges facing Ontario's health system.

This past year was one of significant growth for HQO as we built upon the groundwork laid in years prior. At the time of writing, HQO has already begun work on a number of key priorities that will be realized in 2015-16. In addition to what is highlighted throughout the report, HQO began working on the following in 2014-15:

- A new strategic plan that will include a renewed vision, mission, values and strategic priorities.
- Building a new website that will make it easier for providers, patients, caregivers and the public to access the various tools and resources we offer
- The development of an internal Patient, Family and Public Advisors Council that will help ensure that patients and their families have a voice in the work we do
- The expansion of our evidence-based research initiatives to support Ministry priorities, which in 2015-16 will include mental health and addictions and equitable access to health care for all Ontarians, as well as the development of Quality Standards. Quality Standards will be a concise sets of evidence-based recommendations that focus on high priority opportunity areas for improvement and help providers close the gap between evidence and practice.
- Improvement of our performance monitoring and reporting through increased public access to customizable and timely health system data
- Ongoing facilitation of health system integration by advancing multi-sector change and quality improvement initiatives, including working with health sector partners on Adopting Research to Improve Care (ARTIC) and the National Surgical Quality Improvement Plan Ontario (NSQIP-ON), as well as our increasing support for Ontario's Health Links.

In 2014-15, we also reinforced our foundation for success, recruiting talented individuals into our senior leadership team and starting the implementation of programs aimed at employee growth and inspiring organizational excellence. As a provincial agency, HQO strives to embody the excellence in institutional integrity and transparency that Ontarians deserve and expect. We have put in place processes that will comply with government accountability standards, including the public posting of our Business Plans and disclosure of internal expense claims submitted by members of our Board and senior leadership team.

We are proud of all that HQO has been able to achieve over the past year and, using the momentum of all we have accomplished in 2014-15, we look forward to continuing our work to help shape a patient-centred health care system that provides the highest quality care for all Ontarians.

Dr. Andreas Laupacis
Chair, Board of Directors

Dr. Joshua Tepper
President and Chief Executive Officer

Organization Overview

Health Quality Ontario is the provincial advisor on the quality of Ontario's health system. We play a unique role reporting on the system's performance, sharing the best evidence to guide change and supporting quality improvement. Health Quality Ontario is the operational name for the Ontario Health Quality Council, an agency of the Ministry of Health and Long-Term Care.

Vision

A health care system that is sustainable, improves continually and uses evidence to optimize population health and provide excellent care for all Ontarians.

Mission

A catalyst for quality, an independent source of information on health evidence, a trusted resource for the public.

Values

- Transparency
- Passion
- Innovation
- Learning
- Integrity
- Collaboration

Monitoring & Reporting on the Quality of the Health Care System

Sharing information about how Ontario's health system is performing leads to a more accountable universal health care system. Transparency is important not only because everyone has a right to know about the quality of the services offered, but also because this information can lead to improvements.

Health Quality Ontario has been reporting on the province's health system since 2006. In October 2014, HQO released *Monitoring What Matters*, after posting it on our website for consultation. This new strategy outlines a clear three year vision for health system performance monitoring and reporting. This strategy is aligned to the new corporate strategy being released in the coming year.

The Common Quality Agenda

The Common Quality Agenda is the name for a set of measures (also called "quality indicators" or "key performance indicators") to focus performance reporting. These measures are selected by HQO in collaboration with health system partners. HQO uses the Common Quality Agenda to track long-term progress in meeting health system goals to make the health system more transparent and accountable.

Yearly Report on the State of Ontario's Health System

Using the Common Quality Agenda, in November 2014, HQO released *Measuring Up: A yearly report on how Ontario's health system is performing*. HQO's yearly report offers a comprehensive picture of health care quality in Ontario. The report covers a range of health topics and spans all health care sectors from primary care to hospital care, home care and long-term care.

Measuring Up weaves in real stories from patients, caregivers and providers, because their perspectives provide us with valuable insights that go beyond the numbers and charts. 2014 marked the first time the Common Quality Agenda's indicators served as the basis for HQO's yearly report.

Measuring Up received significant media attention, generating 95 media stories, resulting in nearly 27 million media impressions and thus reaching Ontarians across the province.

Public Reporting Online

Our online reporting provides information related to certain health indicators in the areas of patient safety, home care and long-term care at the provincial and individual organizational level (e.g., individual hospitals, home care service providers or long-term care homes). Information is updated monthly, quarterly, semi-annually or annually depending on the data source. As part of our strategic planning, HQO began the process of thinking about the future of our online reporting.

Primary Care Performance Measurement

Health Quality Ontario saw a need for a system-wide approach to measuring primary care performance at the practice and system levels and launched the Ontario Primary Care Performance Measurement initiative in 2012, in collaboration with key stakeholders. Comprised of organizations representing patients, providers, data holders, researchers, and policymakers from across Ontario, the Primary Care Performance Measurement Steering Committee completed the first phase of its work with a report released September 2014.

The report, *A Primary Care Performance Measurement Framework for Ontario*, outlines a framework designed to measure and provide systematic and ongoing feedback on primary care performance at both practice and system levels. These indicators will inform our future primary care public reporting.

Primary Care Practice Reports

Family physicians are dedicated to quality improvement, but we heard that they do not have readily accessible data to inform their quality improvement efforts. To help address this issue, Health Quality Ontario partnered with the Institute for Clinical Evaluative Sciences to create a *Primary Care Practice Report* for family physicians using existing administrative health databases to give them customized data about their practice. HQO has heard from physicians that the reports are helping to support change in their practice.

In the first year of its release, 367 family physicians have signed up to receive a personalized *Primary Care Practice Report*, and that number continues to grow.

Theme Reports

As part of our new health system performance reporting strategy, HQO is now creating theme reports that focus on specific health topics. These reports will analyze gaps in care or address cross-cutting themes that help generate conversations about improving and moving toward an integrated health system that puts people and patients first. These reports enhance our reporting of indicators in the Common Quality Agenda.

Two theme reports are scheduled to be released in early 2015-16. The first on the topic of communication and coordination of care, and the second on antipsychotic medication use in long-term care homes. Both reports were prepared in partnership with the relevant system leaders, experts and patients/family members. Additional theme reports planned for 2015-16 will focus on primary care, mental health and addictions, and equity.

Continuous Quality Improvement

Health Quality Ontario (HQO) is committed to assessing and accelerating quality improvement (QI) across the health system. In 2014-15, HQO set a new strategic direction for its work in QI and initiated implementation, further aligning our work with provincial priorities, continuing to provide additional quality improvement tools and resources to the system and clearly linking efforts to the indicators and outcomes targeted by the Common Quality Agenda.

Four main areas of emphasis were identified:

1. Plan for quality improvement
2. Catalyze large scale spread and scale initiatives
3. Create a connected QI community
4. Develop capacity for quality improvement, particularly through the Improving & Driving Excellence Across Sectors (IDEAS) program

Achieving quality improvement in Ontario will require engagement with providers, professionals, Local Health Integration Networks (LHINs) and organizations across the province. The 2014-15 year also focussed on establishing and expanding these relationships in order to support connected and focussed improvements aligned with the Common Quality Agenda.

Quality Improvement Plans

Ontario has now had close to five years of experience with Quality Improvement Plans (QIP), which started in the hospital sector and soon extended to Community Care Access Centres (CCACs), team based primary care practices, and now long-term care homes. QIPs articulate a commitment by organizations across the system to identify areas for improvement and annual targets, actions that will be taken to achieve improvement, and measure progress. In 2014-15, HQO received 146 submissions from hospitals, 292 from inter-professional primary care organizations and 14 from CCACs. Although not mandatory until 2015-16, HQO also received 95 voluntary QIP submissions from the long-term care sector last year. QIPs will now be mandatory for all of these sectors; with more than 1,000 submissions expected on April 1, 2015.

To support the development of effective QIPs, HQO provides a variety of tools and resources including guides, videos and information on change ideas through the QIP Navigator, the online tool used for QIP submission. Conducting an analysis of submitted QIPs and reporting on trends, lessons learned and opportunities for improvement is another way HQO supports continuous improvement across the health system. This year, HQO launched a new series of reports designed to increase the frequency of reporting back to the field what is being observed through quality improvement efforts, with four sector-specific reports produced in 2014-15. These Insights into Quality Improvement reports provide information on what organizations are focusing on to improve care, what change ideas have resulted in improvement, and highlighted provincial trends in quality improvement.

Early in 2015-16, HQO will release *Advancing Integrated Care*, a report illustrating how sectors are reflecting a focus on integrated care within their QIPs using data from the 2014-15 submissions.

Catalyzing Large Scale Spread and Scale through Quality Improvement Programs

ARTIC

In 2015-16, HQO and the Council of Academic Hospitals of Ontario (CAHO) forged an important new partnership to expand the use of the Adopting Research to Improve Care (ARTIC) as a provincial platform for the spread of research evidence into practice well beyond the CAHO hospitals across all health sectors. The ARTIC program focusses on known levers for implementation such as executive leadership support, education and communities of practice.

The new jointly led ARTIC program launched a call for new program proposals focused on integration of care. From 36 applications, two projects were selected for full funding and spread through ARTIC starting in Q4 of 2014-15. Both projects focus on making measurable improvements in care for patients with mental health and addictions and include: the Depression and Alcoholism, Validation of an Integrated Care Initiative (DAVINCI) and the Mentorship, Education, and Training in Addictions: Primary care-Hospital Integration (META:PHI) program. Both projects will be implemented in various sites across Ontario, with leadership from the Centre for Addiction and Mental Health, and Women's College Hospital in the acute and primary care sectors in 2015-16.

In addition, two previous ARTIC initiatives will be further spread beyond the CAHO hospitals to include community and small hospitals. The Antimicrobial Stewardship Program (ASP) ARTIC Community Hospital ICU Local Leadership (CHILL) project will focus on expanding access to antimicrobial stewardship programs to 12 additional hospitals in Ontario, led by Dr. Andrew Morris and team from Mount Sinai Health Systems. The Implementing Enhanced Recovery After Surgery (iERAS) program will also be expanded and connected to efforts through the NSQIP-ON program (described below).

NSQIP-Ontario

The National Surgical Quality Improvement Program Ontario (NSQIP-ON) is an internationally recognized initiative to measure and improve the quality of surgical care. Due to the success and impact of NSQIP in other regions of Canada and in the United States, HQO has brought NSQIP to Ontario to provide hospitals with a surgical quality improvement program that has been proven to improve patient care and outcomes, and decrease surgical complications and the cost of health care delivery.

The National Surgical Quality Improvement Program Ontario has been launched in 16 hospital sites. HQO will

support these hospitals financially and in their quality improvement activities throughout the 18-month run-in phase, which will conclude September 30, 2016. This was a result of a competitive call for expressions of interest, where 46 hospitals and surgical leaders identified interest in the program. In 2015-16, HQO will develop a plan for further expansion.

To support province wide improvements, participants in NSQIP-ON commit to contribute to the Ontario Surgical Quality Improvement Network. This network connects program leaders to support implementation, provides regular opportunities for the exchange of knowledge and ideas and includes an online collaborative space where surgical teams can discuss best practices, share innovations, and discover ways of improving surgical care in Ontario.

Supporting Care for Patients with Complex Conditions through Health Links

In 2014-15, HQO continued to offer support to the early adopter Health Links across Ontario. HQO facilitates the achievement of Health Link objectives by providing leadership and support in measurement, evidence-informed change ideas, patient engagement and building sustainable capacity for change and improvement. In 2014-15, HQO also contributed to the planning for expansion of Health Links to a total of 69 communities and maturing of the Health Links Model, including adjusting HQO's role for the future.

In 2014-15, HQO provided a suite of tools and expertise to help Health Link communities identify and address gaps in the quality of care and delivery of services to individuals with complex chronic illnesses. These resources are designed to support Health Link communities as they work to improve integration and access to care, reduce avoidable emergency department visits, hospital re-admissions, and improve patient experience.

As well, HQO is prepared to support Health Links as they expand. HQO will now contribute to the Advanced Health Links Model by:

- Supporting data collection, analysis and timely reports at Health Links, LHIN and provincial levels to monitor progress and identify opportunities to spread best practices
- Establishing a systematic approach to identifying innovative and emerging best practices, and support their dissemination and uptake across the province
- Promoting quality care across the continuum and across sectors, and improving the patient/provider experience

Choosing Wisely Canada

2014-15 marked the first year HQO contributed to Choosing Wisely Canada, a nation-wide initiative that encourages physicians and patients to have conversations regarding tests, treatments and procedures. These open discussions not only assist both parties in making informed decisions regarding care, but encourage physicians to avoid potentially harmful or valueless tests, treatments and procedures.

In March 2015, HQO hosted an event in partnership with Choosing Wisely Canada on the development of an Ontario-specific Choosing Wisely Canada strategy - this summit was attended by thought leaders from across the province. In follow up, HQO has partnered with Choosing Wisely Canada to foster an Ontario implementation strategy that will begin with targeting recruitment of 50 organizations from each sector (hospitals, primary care and long-term care) to focus on the two to three recommendations that resonated most for participants.

A list of evidence reviews conducted by HQO as part of our partnership with Choosing Wisely Canada is included in the Evidence and Development Standards section of this report.

Connect the QI Community and Build QI Capacity

IDEAS

Now in its second year, Improving & Driving Excellence Across Sectors (IDEAS)'s Advanced and Introductory Learning Programs aim to improve the quality improvement capacity of health care professionals across Ontario. A collaboration between HQO, the University of Toronto's Institute for Health Policy Management and Evaluation, ICES and seven Ontario Faculties of Medicine, IDEAS offers introductory and advanced QI curriculum programs for interested parties. The goal of the introductory program is to provide participants with the skills necessary to effectively participate in quality improvement, while the advanced program aims to further

develop these skills. IDEAS participants have opportunities to attend academic seminars and receive support and mentorship to execute quality improvement projects. Almost 130 individuals participated in the IDEAS advanced curriculum in 2014-15 while close to 1,100 individuals took part in the introductory program. Supported via direct coaching by HQO QI Coaches, 88 improvement projects were undertaken this past year.

Timed to coincide with HQO's annual provincial conference on quality (Health Quality Transformation), HQO and its partners hosted the first ever IDEAS Alumni Event in November 2014. The event was designed to provide continued QI training and resources to IDEAS graduates and promote knowledge exchange and spread of improvement work across the province. To further support this shared learning, a digital platform known as share IDEAS has been created which houses all IDEAS projects and is publicly accessible. Programming included keynote speakers, workshops, poster sessions and the presentation of the inaugural IDEAS alumni achievement awards.

Creating a QI Ecosystem

It is not always possible to connect the quality improvement community in person, due to the sheer size of the province and competing demands on people's time. In order to more efficiently bring the quality improvement community together and integrate and align their efforts, HQO has greatly expanded its web-based quality improvement supports and learning opportunities. Regular webinars are hosted on a variety of topics, including QIP development, effective measurement and data entry, and innovative practices. Ongoing development of a digital QI ecosystem will be a key focus going forward.

In the meantime, HQO has also created a roadshow of quality improvement workshops, which are designed to not only build capacity and spread awareness of quality improvement methodology, but also to connect quality improvement leaders across sectors and across the province.

Other Quality Improvement Resources

Quality improvement science offers a proven methodology, with tools and evidence-based processes, to assess and accelerate the improvement of care for patients, residents and clients. Several tools and resources are developed and maintained by HQO to support these efforts:

Quality Compass & Quality Improvement Framework

Health Quality Ontario has developed the Quality Compass in order to support organizations in the development, implementation, and successful execution of quality improvement initiatives. Quality Compass is a comprehensive online tool that allows users to search for evidence-based best practices and change ideas, measures and targets, and a variety of tools and resources to support organizations on their QI journey. Part of this suite of tools and resources, is the Quality Improvement Framework, which combines the strengths of several QI science models and includes instructional primers on a variety key topics.

Primary Care Medication Reconciliation Guide

In collaboration with the Institute of Safe Medication Practices (ISMP) Canada, HQO published the Ontario Primary Care Medication Reconciliation Guide. This guide is designed to assist primary care providers incorporate medication reconciliation – a patient safety intervention aimed at preventing adverse drug events – into their practices.

Primary Care Patient Experience Survey

Health Quality Ontario is poised to launch the Primary Care Patient Experience Survey in early 2015-16 to help providers develop a deeper understanding of their patients' experiences of primary care, identify what is working well and where there may be room for improvement.

The Primary Care Patient Experience Survey is designed with ease of implementation in mind, and the questions have been crafted to support practices as they collect patient experience data that they can use in their quality improvement initiatives and in the completion of their annual Quality Improvement Plans (QIPs). The Primary Care Patient Experience Survey has been developed by HQO in collaboration with the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians, and the Ontario Medical Association.

Evidence Development and Standards

An important part of HQO's mandate is to make evidence-based recommendations about what health care interventions should be publicly funded in Ontario. We also make recommendations regarding standards of care.

Working with clinical experts, scientific collaborators, expert panels, patients and the public, HQO evaluates various health care interventions to determine whether they are effective and also whether they provide good value for money. These analyses are presented to the Ontario Health Technology Advisory Committee (OHTAC), which considers a variety of factors and then makes recommendations about public funding and other issues. OHTAC's recommendations are approved by the HQO Board of Directors.

Ontario Health Technology Advisory Committee

The purpose of the Ontario Health Technology Advisory Committee (OHTAC) is to review, investigate, and advise on the uptake, diffusion, and distribution of new health technologies and the replacement or removal of obsolete health technologies.

The Ontario Health Technology Advisory Committee considers a number of health determinant variables when crafting its recommendations, including overall clinical benefit, value for money, societal and ethical considerations, and economic and organizational feasibility.

A list of the topics in which OHTAC made recommendations over the past year is provided in the tables below. The recommendations themselves are included in the Compendium section of this report.

Health Technology Assessments

Health Quality Ontario conducts Health Technology Assessments in order to make recommendations about the uptake, diffusion or removal of health technologies to the health care system and the Ministry of the Health and Long-Term Care. Five Health Technology Assessments were completed over the past year, including:

Name of Project/Topic	**Associated Reports**	
Cesarean Delivery Rate Review (2 recommendations)	Evidence Review	
Capsule Endoscopy in the Assessment of Obscure Gastrointestinal Bleeding (2 recommendations)	Evidence Review	Economic Analysis
Magnetic Resonance-Guided High-Intensity Focused Ultrasound (MRgHIFU) for Treatment of Women with Symptomatic Uterine Fibroids (1 recommendation)	Evidence Review	Economic Analysis
Is Transient Ischemic Attack a Medical Emergency? (5 recommendations)	Evidence Review	Economic Analysis
Effect of Increased Intensity of Physiotherapy on Patient Outcomes After Stroke	Evidence Review	Economic Analysis

Mega Analysis

Health Quality Ontario conducts mega analyses to investigate several, if not all, interventions for a particular disease or health state. In 2014-15, HQO completed one of mega analysis called *End-of-Life Care*.

End-of-Life Care (8 recommendations)	Cardiopulmonary Resuscitation in Patients with Terminal Illness (Evidence Review)
	The Determinants of Place of Death (Evidence Review)
	Educational Intervention in End-of-Life Care (Evidence Review)
	Patient Care Planning Discussions for Patients at the End-of-Life (Evidence Review)
	Team-Based Models for End-of-Life Care (Evidence Review)
	Health Care for People Approaching the End-of-Life (Evidentiary Framework)
	End-of-Life Care Interventions (An Economic Analysis)
	Effect of Supportive Interventions on Informal Caregivers of People at the End-of-Life (Rapid Review)

The end-of-life review and associated recommendations that HQO released in December 2014 received significant media attention, appearing on the front page of the Toronto Star, in the Globe and Mail and the National Post, and ultimately garnering almost 150 million media impressions. The media attention contributed to ongoing provincial and national discussions about end-of-life care.

Appropriateness Initiatives

A subcommittee of OHTAC, the Appropriateness Working Group is responsible for reviewing the appropriateness of care received by Ontarians across the health system. Inappropriate care includes the overuse, underuse, or misuse of health care and represents a widespread and costly issue for Ontario's health system. Four appropriateness reviews were conducted this year, including:

Name of Project/Topic	**Associated Reports**	
Optical Coherence Tomography Monitoring Strategies for A-VEGF-Treated Age-Related Macular Degeneration: An Evidence-Based Analysis (1 recommendation)	Evidence Review	
Hemoglobin A1c Testing in Diabetes (2 recommendations)	Rapid Review	
Point-of-Care Hemoglobin A1c (3 recommendations)	Evidence Review	Budget Impact Analysis
Frequency of Testing for Dyslipidemia (2 recommendations)	Evidence Review	A Systematic Review and Budget Impact Analysis

Quality-Based Procedures

Health Quality Ontario has been entrusted to produce clinical handbooks for certain conditions or "episodes of care" which are being funded through the Ministry of Health and Long-Term Care's Quality-Based Procedures program. In 2014-15, HQO produced the following five clinical handbooks:

1. Chronic obstructive pulmonary disease (acute and post-acute)
2. Stroke (acute and post-acute)
3. Heart failure (acute and post-acute)
4. Knee arthroscopy (acute and post-acute)
5. Community Home Care (not posted as of April 1, 2015)

Choosing Wisely Canada Initiatives

As discussed earlier in this report, Choosing Wisely Canada is a national campaign that aims to help physicians and patients engage in conversations about tests, treatments and procedures, and help physicians and patients make smart and effective choices to ensure high-quality care.

As part of the campaign, HQO has provided evidence reviews of tests, treatments and/or procedures that may over utilized. Choosing Wisely Canada has made recommendations based on the evidence provided by HQO. These recommendations are available on the Choosing Wisely Canada website.

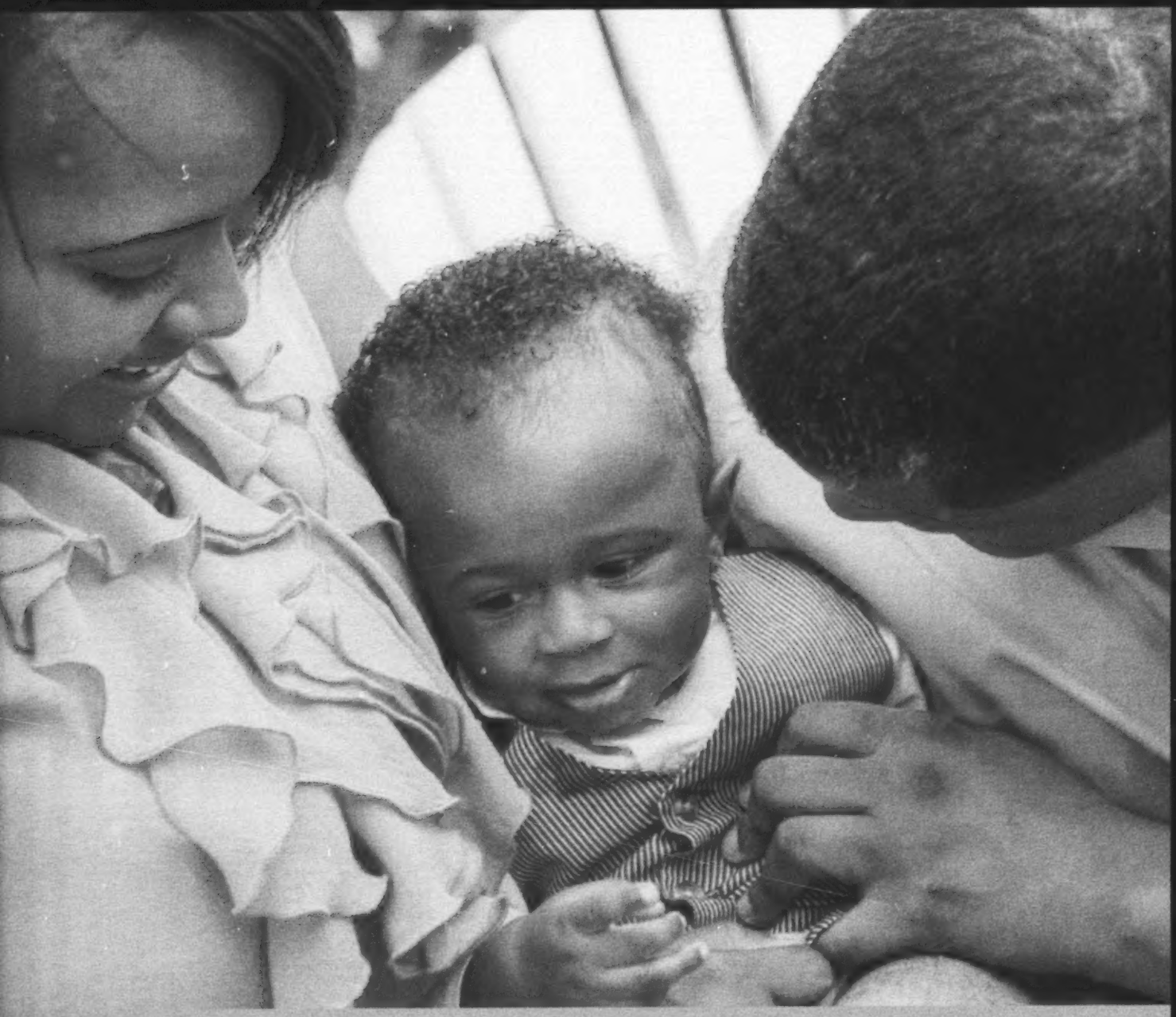
Choosing Wisely Canada reports produced by HQO:

1. Bone Marrow Examination in Diagnosis of Immune Thrombocytopenia
2. Testing for Blood Mercury Levels in the General Population
3. The Accuracy of Fine-Needle Aspiration Cytology in the Diagnosis of Lymphoma
4. Perioperative Heparin Bridging Therapy Following Warfarin Interruption
5. Intravenous Immune Globulin (IVIG) for Treatment of Primary Immune Thrombocytopenia (ITP)

Special / Other Reports

Health Quality Ontario occasionally produces or collaborates on evidence-based reports that fall outside of the usual scope of HQO's evidence-based analyses. This past year, HQO completed the following nine special reports:

Name of Project/Topic	Academic Partner
Pressure Ulcer Multidisciplinary Teams via Telemedicine (PUMTT): A Pragmatic Randomized Controlled Trial in Long-Term Care Pulmonary Rehabilitation in Ontario	Toronto Health Economics and Technology Assessment (THETA) Collaborative
Pulmonary Rehabilitation in Ontario – Field Evaluation Report (3 recommendations)	Programs for Assessment of Technology in Health (PATH) Research Institute
Effectiveness of Stroke Unit Care: A Special Report	
Effectiveness of an Early Supported Discharge Service for Persons Hospitalized After a Stroke Episode: A Special Report	
Evaluation of a Chronic Disease Management System for the Treatment and Management of Diabetes in Primary Health Care Practices in Ontario (3 recommendations)	Programs for Assessment of Technology in Health (PATH) Research Institute
Multiple Intravenous Infusions (2 recommendations)	HumanEra, University Health Network
Turning for the Prevention and Management of Pressure Ulcers (7 recommendations)	Toronto Health Economics and Technology Assessment (THETA) Collaborative
Turning for Ulcer Reduction (TURN) Study	Toronto Health Economics and Technology Assessment (THETA) Collaborative
Preventing Pressure Ulcers	Toronto Health Economics and Technology Assessment (THETA) Collaborative



Collaborating with the System on Quality Improvement

Improving quality is a 'team game'. We aspire to conduct the majority of our work through collaboration. The path towards a higher quality, evidence-based and patient-centred health system is not one HQO can afford to take alone. By collaborating with system leaders, providers, patients and their families, we are able to achieve much more for Ontarians than would otherwise be possible.

Partnerships

Health Quality Ontario recognizes that collaboration and strong partnerships are critical to Ontario's vision for an integrated and sustainable health system for the province. Capitalizing on the power of collective impact, HQO works closely with government, health system leaders and providers to align efforts and advance a common quality agenda for Ontario. In 2014-15, HQO collaborated with Canadian health system leaders including the Council of Academic Hospitals of Ontario (CAHO), the Institute for Clinical Evaluative Sciences (ICES), the Institute for Safe Medication Practices Canada (ISMP), the Ontario College of Family Physicians (OCFP) and the Ontario Long Term Care Association (OLTCA).

Patient and Public Engagement

As users of Ontario's health system, it's critical that patients, their families and the public are engaged in the work that we do to define and advance quality in the health system. Patient and public engagement has been an increasingly important focus for HQO, with the hiring in 2013-14 of a Chief of Communications and Patient Engagement and subsequently a Director of Patient Engagement. With new dedicated resources, HQO developed and began to implement plans to increase its own capacity to engage with patients, caregivers and the public, to increase the capacity of patients and caregivers to engage with health organizations, and to increase the capacity of providers across the health system to engage their clients and the communities they serve. HQO is poised to launch a number of patient and public engagement initiatives in 2015-16, including an internal Patient, Family and Public Advisors Council – a collective of patients, family members, caregivers and the public who will provide recommendations and guidance on the work HQO carries out – and a digital presence that will promote patient engagement best practices, learning resources and events for patients and providers alike.

Health Quality Transformation 2014

As Canada's largest annual conference on health care quality, Health Quality Transformation is a key vehicle for HQO to promote and share health system innovations and thought leadership. Health Quality Transformation 2014 featured 65 speakers, 13 breakout sessions and four keynote speakers. Over 2,200 individuals registered for the conference in 2014– almost double the number in 2013 – and the hashtag #HQT2014 trended across Canada as delegates engaged with the conference content on Twitter. Delegate feedback on the conference was overwhelmingly positive, with the event receiving a 92% satisfaction score.

Expert Panel on Diagnostic Imaging Quality

In December 2013, the Minister of Health and Long-Term Care tasked HQO with striking an expert panel to develop practical guiding principles and recommendations for a peer-review program for diagnostic imaging service providers in Ontario. Having met regularly between December 2013 and July 2014, the Panel completed a draft of the Expert Panel on Diagnostic Imaging Quality Report in December 2014 and submitted the report to the Ministry of Health and Long-Term Care and then released it publicly for consultation. Two webinars outlining the report's recommendations were held in January 2015 to receive feedback on the report's recommendations from members of the radiology community. Looking ahead, the Panel will begin work on the second phase of the report during the 2015-16 fiscal year, in which they will work with radiologists and other members of the diagnostic imaging community to develop a phased implementation plan for their recommendations and a diagnostic imaging quality assurance program beyond peer-review.

Financial Performance

Health Quality Ontario acknowledges the funding from the Ministry of Health and Long-Term Care and has managed its resources in a prudent and careful manner.

Health Quality Ontario's 2014-15 approved budget of $35.3 million is comprised of base funding of $32 million to support its core activities and additional project funding of $3.3 million. HQO ended the 2014-15 fiscal year with a net surplus of just under 1% or $347,000 based on an approved budget of $35.3 million, a significant reduction from the net surpluses generated in previous years.

Over the course of the year, HQO implemented new management tools and procedures that provided for a greater line-of-sight on our financial performance. Key initiatives included:

- Implementation of a new financial management and reporting system with the ability to generate real-time reports
- Implementation of a corporate scorecard to measure HQO's organizational progress on key performance indicators
- Development and training of a number of operational policies and procedures related to delegation of authority and procurement
- Enhancement of our finance team with the addition of a Controller

HQO's Audit and Finance Committee has worked diligently with management to enhance the integrity of the organization's financial management, reporting and risk management systems.

Looking ahead to 2015-16, HQO will continue to strengthen its financial capabilities by:

- Implementing additional management tools to further improve HQO's ability to appropriately manage its resources
- Continued refinement of key processes and procedures to ensure ongoing stewardship of public funds.

Detailed financial information can be found in the Audited Financial Statements at the end of this report.

Governance

Health Quality Ontario operates under the oversight of a board that consists of between nine and 12 members appointed by the Lieutenant Governor in Council, including the designated chair and vice-chair. The *Excellent Care for All Act, 2010*, specifies a skill mix to be considered. All members work for the board on a part-time basis.

Board membership for the 2014-15 fiscal year is listed below along with their terms:

Board Member	Term
Andreas Laupacis (Chair)	June 12, 2013 to June 11, 2016
Marie E. Fortier (Vice-Chair)	May 4, 2011 to May 2, 2017
Richard Alvarez	January 4, 2011 to January 3, 2017
Tom Closson	August 15, 2012 to August 14, 2015
Faith Donald	January 27, 2010 to August 17, 2014
Jeremy Grimshaw	August 18, 2011 to August 17, 2017
Shelly Jamieson	October 23, 2013 to October 22, 2016
Julie Maciura	April 2, 2014 to April 1, 2017
Andy Molino	April 16, 2008 to April 15, 2014
Angela Morin	November 19, 2014 to November 18, 2017
James Morrisey	April 10, 2013 to April 9, 2016
Tazim Virani	May 17, 2011 to May 16, 2017

Conclusion

We are extremely proud of what Health Quality Ontario has been able to accomplish over the past year. As an organization, 2014-15 represents a year of significant growth, both in terms of internal capacity and in our ability to support positive change across the health system.

Although our mandate may be ambitious, we are not alone in our desire to improve the quality of care provided here in Ontario. Working with government, our partners, patients and the public, we are well positioned to leverage the knowledge and expertise that exists within our health system and across the province, including the insights of patients and the public. Now more than ever, patients and the public have a seat at the table when it comes to both the macro- and micro-level decisions that affect the health care they receive.

Health Quality Ontario is deeply committed to our mission, vision and values. We are prepared to inspire the health system to achieve excellence through quality improvement, evidence-based recommendations, and system monitoring and reporting, ensuring Ontarians have access to a high quality health system for decades to come.

Compendium: Summary of 2014-15 Evidence-Based Recommendations

To meet requirements under HQO's Accountability Agreement with the Ministry of Health and Long-Term Care, below is a summary of all the evidence-based recommendations made to the ministry or health system during 2014-15. Complete details are available on our website (www.hqontario.ca).

- Caesarean Delivery Rate Review
- Capsule Endoscopy in the Assessment of Obscure Gastrointestinal Bleeding
- Is Transient Ischemic Attack a Medical Emergency?
- Magnetic Resonance-Guided High-Intensity Focused Ultrasound (MRgHIFU) for Treatment of Women with Symptomatic Uterine Fibroids
- End-of-Life
- Optical Coherence Tomography Monitoring Strategies for A-VEGF-Treated Age-Related Macular Degeneration: An Evidence-Based Analysis
- Hemoglobin A1c Testing in Diabetes
- Point-of-Care Hemoglobin A1c
- Frequency of Testing for Dyslipidemia
- Pulmonary Rehabilitation in Ontario
- Evaluation of a Chronic Disease Management System for the Treatment and Management of Diabetes in Primary Health Care Practices in Ontario (3 recommendations)
- Multiple Intravenous Infusions Phases 2a and 2b
- Turning for the Prevention and Management of Pressure Ulcers

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

FINANCIAL STATEMENTS
March 31, 2015

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LOFTUS ALLEN & CO. PROFESSIONAL CORPORATION
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To The Board of Ontario Health Quality Council o/a Health Quality Ontario:

We have audited the accompanying financial statements of Ontario Health Quality Council o/a Health Quality Ontario, which comprise the statement of financial position as at March 31, 2015, and the statements of operations and surplus (deficit), and cash flows for the year then ended, along with a summary of significant accounting policies, related schedules, and other explanatory information. The financial statements have been prepared by management based on the financial reporting provisions established by the Ministry of Health and Long-Term Care and the Canadian Public Sector Accounting Standards.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

60 Torlake Cresent, Toronto, Ontario, M8Z 1C2
Telephone and Fax - 905-566-7333 | Toll Free: 1-866-749-9228
www.loftusallen.com

LOFTUS ALLEN & CO. PROFESSIONAL CORPORATION
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT *continued*

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Health Quality Council o/a Health Quality Ontario as at March 31, 2015 and the results of its operations and surplus (deficit), and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Basis of Accounting and Restriction of Use

Without modifying our opinion, we draw attention to Note 2 of the financial statements which describes the basis of accounting. The financial statements are prepared to assist the Ontario Health Quality Council o/a Health Quality Ontario to meet the requirements of their funding agreement with the Ministry of Health and Long-Term Care. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for Ontario Health Quality Council o/a Health Quality Ontario and the Ministry of Health and Long-Term Care and should not be used by other parties.

Loftus Allen & Co
Professional Corporation

Chartered Professional Accountants,
authorized to practice public accounting by
Chartered Professional Accountants of Ontario

Toronto, Ontario
June 25, 2015

60 Torlake Cresent, Toronto, Ontario, M8Z 1C2
Telephone and Fax - 905-566-7333 | Toll Free: 1-866-749-9228
www.loftusallen.com

STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2015
(with comparative figures for 2014)

	2015	2014
FINANCIAL ASSETS		
Cash	$ 3,696,093	$ 1,912,187
LIABILITIES		
Accounts payable and accrued liabilities	3,348,839	2,331,845
Due to the Ministry of Health and Long-Term Care, *note 3*	347,254	-
	3,696,093	2,331,845
NET FINANCIAL ASSETS (DEBT)	-	(419,658)
NON FINANCIAL ASSETS		
TANGIBLE FIXED ASSETS		
Computer and equipment	424,124	424,124
Office furniture and fixtures	903,823	903,823
Leasehold improvements	1,765,709	1,637,490
	3,093,656	2,965,437
Less: Accumulated amortization	3,093,656	2,965,437
	-	-
ACCUMULATED SURPLUS (DEFICIT)	$ -	$ (419,658)

APPROVED ON BEHALF OF THE BOARD:

James A. Mowsey Director

Director

The accompanying notes are an integral part of these financial statements

ONTARIO HEALTH QUALITY COUNCIL o/a HEALTH QUALITY ONTARIO

STATEMENT OF OPERATIONS AND SURPLUS (DEFICIT)
FOR THE YEAR ENDED MARCH 31, 2015
(with comparative figures for 2014)

	2015	2014
REVENUE - *Schedule of Operations*		
Ministry of Health and Long-Term Care	**$ 35,262,500**	$ 33,993,498
IN-YEAR RECOVERY OF FUNDING BY THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 8*	**-**	(5,142,400)
	35,262,500	28,851,098
EXPENSES - *Schedule of Operations*		
Enterprise Strategy and Operations	**11,008,809**	10,865,525
Quality Improvement	**8,203,390**	7,313,658
Health System Performance	**4,123,542**	3,578,971
Evidence Development & Standards	**11,277,671**	7,605,813
	34,613,412	29,363,967
EXCESS OF REVENUE OVER EXPENSES	**649,088**	(512,869)
APPROVED TO FUND THE 2013 - 2014 DEFICIT	**(419,658)**	-
UNSPENT (OVERSPENT) BUDGETED FUNDS	**229,430**	(512,869)
INTEREST INCOME, *note 3*	**58,427**	93,211
IN-YEAR RECOVERY OF TRANSFER PAYMENT CANADIAN PATIENT SAFETY INSTITUTE, *note 8*	**59,397**	-
SURPLUS (DEFICIT) PRIOR TO REPAYMENT (FUNDING) TO (FROM) THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 3*	**347,254**	(419,658)
DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 3*	**347,254**	-
SURPLUS (DEFICIT)	**$ -**	$ (419,658)

The accompanying notes are an integral part of these financial statements

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2015
(with comparative figures for 2014)

	2015	2014
OPERATING TRANSACTIONS		
Cash received from:		
Ministry of Health and Long-Term Care	$ 35,262,500	$ 33,993,498
Canadian Patient Safety Institute	59,397	-
Interest	58,427	93,211
	35,380,324	34,086,709
Cash paid for:		
Enterprise Strategy and Operations	(9,863,596)	(9,495,150)
Quality Improvement	(8,203,390)	(6,936,167)
Health System Performance	(4,123,542)	(3,316,611)
Evidence Development and Standards	(11,277,671)	(9,262,102)
Repayment of funding, *note 3 and note 8*	-	(13,968,168)
	(33,468,199)	(42,978,198)
Cash provided by (applied to) operating activities	1,912,125	(8,891,489)
CAPITAL TRANSACTIONS		
Cash used to acquire tangible capital assets	(128,219)	(239,045)
Cash applied to capital transactions	(128,219)	(239,045)
INCREASE IN CASH	1,783,906	(9,130,534)
CASH, beginning of year	1,912,187	11,042,721
CASH, end of year	$ 3,696,093	1,912,187

The accompanying notes are an integral part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2015

1. THE ORGANIZATION

Health Quality Ontario (HQO) is the provincial advisor on the quality of health care. Created as the Ontario Health Quality Council under Ontario's *Commitment to the Future of Medicare Act* on September 12, 2005, HQO is an agency of the Ministry of Health and Long-Term Care. Under the *Excellent Care for All Act* enacted June 3, 2010, HQO's mandate was expanded to develop evidence-based standards, foster quality improvement, and monitor and report on the health system's performance. To execute this mandate, HQO engages with system partners, patients and the public. The Council was granted the business name Health Quality Ontario on February 15, 2011.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting Standards for provincial reporting entities established by the Canadian Public sector accounting board except as noted in 2 (b).

(b) Tangible capital assets

Tangible capital assets purchased with government funding are amortized 100% in the year of acquisition as long as the capital assets have been put to use. This policy is in accordance with the accounting policies outlined in the Ministry of Health and Long-Term Care (MOHLTC) funding guidelines. MOHLTC funding is completely operational and not capital in nature.

(c) Donated materials and services

Value for donated materials and services by voluntary workers has not been recorded in the financial statements. These services are not normally purchased by the organization and their fair value is difficult to determine.

(d) Revenues and expenses

The deferral method of accounting is used. Income is recognized as the funded expenditures are incurred. In accordance with the MOHLTC guidelines, certain items have been recognized as expenses although the deliverables have not all been received yet. These expenses are matched with the funding provided by the MOHLTC for this purpose.

(e) Measurement uncertainty

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period. Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

(f) Employee Pension Plans

The employees of HQO participate in the Public Service Pension Plan (PSPP) which is a defined benefit pension plan for the employees of the Province and many provincial agencies. The Province of Ontario, which is the sole sponsor of the PSPP, determines HQO's annual payments to the fund. Since HQO is not a sponsor of these funds, gains and losses arising from statutory actuarial funding valuations are not assets or obligations of HQO, as the sponsor is responsible for ensuring that the pension funds are financially viable. HQO's expense is limited to the required contributions to the PSPP as described in note 9.

3. DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE

In accordance with the MOHLTC financial policy, surplus funds received in the form of grants, interest and other recoveries are recovered by the MOHLTC. In 2014, funding was reduced by $5,142,400 and HQO had a slight net overspend of $419,658 that the MOHLTC agreed would be recovered from 2015 year's funding. During 2014, prior year's surplus funds were also repaid.

	2015	2014
Unspent (overspent) budgeted funds	$ 229,430	$ (512,869)
Interest revenue	58,427	93,211
Recovery of transfer payment		
Canadian Patient Safety Institute	59,397	-
	$ 347,254	$ (419,658)

4. LEASE OBLIGATIONS

There were four property leases in place during the fiscal year: the main location with a lease ending August 31, 2018, and a secondary location whose three leases will end June 30, 2016, April 30, 2018 and April 30, 2020. The net annual rent of the main lease is currently $301,550 until August 31, 2018. The secondary leases' net annual rent is currently $167,605. The annual net payments of the remaining rental premise during the next five years of the lease are estimated as follows:

2016	$468,437
2017	$444,963
2018	$436,899
2019	$195,346
2020	$63,733

5. ECONOMIC DEPENDENCE

HQO receives all of its funding from the MOHLTC.

6. FINANCIAL INSTRUMENTS

Fair value - The carrying value of cash, accounts payable and accrued liabilities as reflected in the financial position approximate their respective fair values due to their short-term maturity or capacity for prompt liquidation. The organization holds all of its cash at one financial institution.

Liquidity risk - the risk that the organization will not be able to meet all cash flow obligations as they come due. The organization mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and forecasting.

7. ONE TIME PROJECTS

SUMMARY OF ONE TIME PROJECTS:

	2015	2014
ARTIC	$ 1,346,874	$ -
NSQIP	691,186	-
IDEAS	606,649	189,005
Appropriate Prescribing	187,707	-
ERAS	200,000	-
OCFP	182,962	-
OLTCP	74,500	-
Access & CDM	-	1,707,472
Residents First	-	1,488,506
Total	$ 3,289,878	$ 3,384,983

2015 One Time Projects:

Adopting Research to Improve Care (ARTIC)

The ARTIC Program is a proven model for accelerating and supporting the implementation of research evidence into practice contributing to quality care across Ontario. The Council of Academic Hospitals of Ontario (CAHO) originally developed the ARTIC Program to accelerate the adoption of research evidence within hospital settings.

National Surgical Quality Improvement Program (NSQIP)

The NSQIP Program is an internationally recognized initiative to measure and improve the quality of surgical care. HQO is providing 16 hospitals with financial support to implement a surgical quality improvement program that improves patient care and outcomes, and decreases surgical complications and the cost of health care delivery throughout an 18-month run-in phase, which will conclude September 30, 2016.

Enhanced Recovery After Surgery Program (ERAS)

The ERAS Program is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery in support of the NSQIP Program.

Appropriate Prescribing

The Long-Term Care (LTC) Appropriate Prescribing Project was initiated as part of the 2012 Physicians Services Agreement. MOHLTC and Ontario Medical Association (OMA) established an Appropriate Prescribing Work Group (APWG) tasked to make recommendations to the Physician Services Committee (PSC) on opportunities to improve prescribing in Ontario. The PSC approved an initial Demonstration Project of integrated educational strategies starting in LTC homes.

2015 One Time Projects continued:

Ontario College of Family Physicians (OCFP)

The OCFP collaborated with HQO to advance practice improvement in primary care by identifying challenges and making recommendations to target future improvement efforts.

Ontario Long Term Care Physicians (OLTCP)

OLTCP is working to support the role of long-term care medical directors in improving the quality of care by continuing the development, implementation and evaluation of a training curriculum, which includes the common quality agenda and development of quality improvement capacity.

2014 One Time Projects:

Advanced Access and Efficiency & Chronic Disease Management (Access & CDM)

The project aims were to optimize primary care service delivery through improvements in accessibility, continuity of care and office practice efficiency by primary care practitioners and their health care teams.

Residents First

Residents First was a quality improvement initiative to develop the long-term care sector's capacity for quality improvement so that each resident will enjoy safe, effective and responsive care that helps them achieve the highest potential of quality of life.

Improving & Driving Excellence Across Sectors (IDEAS)

IDEAS is a provincial applied learning strategy delivered through a collaborative partnership between Ontario's six universities that have faculties of medicine and health sciences, HQO, ICES and the Institute of Health Policy, Management and Evaluation at the University of Toronto. The aim is to build quality improvement capacity and leadership throughout the health system through this collaborative arrangement.

NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2015

8. IN-YEAR RECOVERY OF FUNDING

As a result of the MOHLTC recovery of 2014 year's funding, HQO had a slight net overspend of $419,658 that the MOHLTC agreed would be recovered from 2015 year's funding. In the 2014-15 fiscal year $59,397 of an unused portion of a Transfer Payment was recovered from the Canadian Patient Safety Institute.

9. EMPLOYEE FUTURE BENEFITS

HQO's employer contributions to Public Sector Service Plan totaled $982,506 (2014 - $931,385). HQO is not responsible for the cost of employee post-retirement, non-pension benefits. These costs are the responsibility of the Province of Ontario.

10. COMPARATIVE FIGURES

The prior period's comparative numbers have been reclassified to reflect the current period's financial presentation.

NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2015

SCHEDULE OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2015

	2015	2014
REVENUE		
Ministry of Health and Long-Term Care	$ 35,262,500	$ 33,993,498
IN-YEAR RECOVERY OF FUNDING BY THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 8*	-	(5,142,400)
	35,262,500	28,851,098
EXPENSES		
Salaries and benefits	18,450,574	15,942,501
Transfer payments to other organizations	8,640,549	5,255,907
Consulting and professional	1,705,629	1,550,655
Information technology and web infrastructure	1,605,074	1,195,833
Meetings, training and travel	1,364,524	1,905,041
Leases and leasehold improvements	1,108,406	1,300,807
Research and data acquisition	690,585	1,090,651
Communications	589,512	712,941
Office and administration	458,559	409,631
	34,613,412	29,363,967
EXCESS OF REVENUE OVER EXPENSES	649,088	(512,869)
FUNDING THE 2013 - 2014 DEFICIT	(419,658)	-
UNSPENT (OVERSPENT) BUDGETED FUNDS	229,430	(512,869)
IN-YEAR RECOVERY OF TRANSFER PAYMENT CANADIAN PATIENT SAFETY INSTITUTE, *note 8*	59,397	-
INTEREST INCOME	58,427	93,211
SURPLUS (DEFICIT)	$ 347,254	(419,658)

ISBN 978-1-4606-6508-4 (Print)
ISBN 978-1-4606-6509-1 (PDF)

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Health Quality Ontario
130 Bloor Street West, 10th Floor
Toronto, ON M5S 1N5
Tel: 416-323-6868 | 1-866-623-6868
Fax: 416-323-9261

www.hqontario.ca